

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATOR SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 520802

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
5						
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7						
8						
9						
10						
11		1				
12		1				
13		1				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	19	←	←	←	←	←
TOTAL CLAIMS	20	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						